

State of New Mexico  
 Voucher Batch Report  
 BusinessUnit 66500 Department of Health  
 Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFM/PCD  
 AssofDate 03/04/2013  
 Voucher Vchr VchrLineDescr Distr Account Account Fund VendorName

1099 Accounting Period PurchaseOrder Invoice Number Total Amount  
 WthHold Year Month

00327442	1	I/S meals & lodging	1	542200	Employee I/S Meals & L	06105	NASH GAYLE-001	2013	02	0000096597	Nash, G. 2.18-2.	420.00
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Total For Voucher 420.00

JM

3000008394

03/06/13

**Summary** | **Invoice Information** | **Payments** | **Voucher Attributes** | **Error Summary**

**Business Unit:** 66500  
**Invoice Number:** Nash, G. 2.18-2.22.13  
**Voucher ID:** 00327442  
**Invoice Date:** 02/28/2013  
**Voucher Style:** Regular  
**Total:** 420.00

**Vendor:** NASH, GAYLE C  
 1190 ST FRANCIS DR N 4100  
 SANTA FE, NM 87502  
**\*Pay Terms:** Pay Now [Schedule Payments](#) **Saved**

**Payment Information**

**Scheduled Payment:** 1

**\*Remit to:** 0000099443

**Location:** 001

**\*Address:** 1

NASH, GAYLE C  
 1190 ST FRANCIS DR N 4100  
 SANTA FE, NM 87502

**Gross Amount:** 420.00 USD

**Discount:** 0.00 USD **Discount Denied**

Late Charge

**Scheduled Due:** 02/28/2013

**Net Due:** 02/28/2013

**Discount Due:**

**Accounting Date:**

**Payment Method**

**\*Bank:** WFB10

**\*Account:** B **Pay Group:** RE

**\*Method:** ACH ACH **\*Netting:** N

**Message:** [Messages](#)

Message will appear on remittance advice.

Find | View All | First | 1 of 1 | Last

Summary Invoice Information Payments Voucher Attributes Error Summary

Business Unit: 66500 Invoice Number: Nash, G. 2.18-2.22.13  
Voucher ID: 00327442 Invoice Date: 02/28/2013  
Voucher Style: Regular Total: 420.00

Voucher Processing

☒ Post Voucher ☐ Close Voucher  
☒ Revalue Voucher ☐ Delete Voucher

Accounting Instructions

\*Accounting Template: STANDARD Account At: Gross

Match Action

\*Status: Ready  
☐ Pay Unmatched Voucher

Transaction Currency

\*Source: Tables \*Currency: USD Rate Type: CR/RNT Exchange Rate: 1.00000000

Voucher Approval

\*Approval: Specify at this Level Business Process: PROCESS\_VOUCHERS  
Approval Rule Set: Payment Approval Rule Set 1

Self Billing Invoice

\*SBI Num Option: Group Vouchers (Auto-Nur) SBI Number:

Prepayment

Prepayment Reference: ☐ Automatically Apply Prepayment ☐ Postpone Withholding

Letter of Credit

Letter of Credit ID: 

Tax Group

Saved

DATE	2/27/2013
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ITEMIZED SCHEDULE  
OF TRAVEL EXPENSES

AGENCY	1
CODE	66500

VOUCHER NUMBER 00

NUMBER 00307442

[illegible]

# New Mexico Department of Health Travel and Training Request Form

<b>Employee Information</b>	Employee Name:	Gayle Nash	Position:	CNO
	Department ID and Fund:	6001001000 / 106105	Telephone:	505-690-1065
	Post of Duty:	Las Cruces	Residence:	Las Cruces

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

<b>Vehicle Information</b>	<input checked="" type="checkbox"/> Check if state vehicle		<input type="checkbox"/> Check if personal vehicle		License #: 001768-SG	
	Year: 2011	Make: Nissan	Model: Altima			


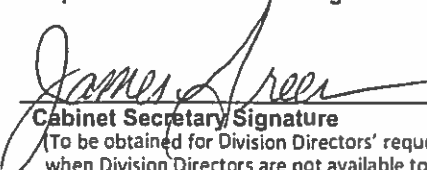
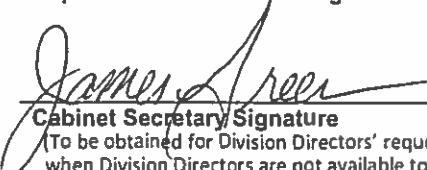
<b>Trip/Training Information</b>	Please provide agendas, itineraries and any relevant documents.				
	Course Name: Meetings with Administrators and Nurse Staff in Santa Fe and Silver City				
	<input checked="" type="checkbox"/> Check if training is required		<input type="checkbox"/> Check if Continuing Education credits will be granted		

<b>Travel Information</b>	Date of Request: 02/15/13		Destination: Santa Fe & Silver City			
	Departure Date: (month/day/yr) 02/18/13	Time: 06:00 AM	Return Date: (month/day/yr) 2/22/13	Time: 06:00 PM		
	<input checked="" type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Training <input type="checkbox"/> Time Only <input type="checkbox"/> *Actuals <input type="checkbox"/> No cost to State/Paid By:					

\* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage: @ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem: 3 @ \$85/day	\$ 255.00
546800: Registration – Vendor		Santa Fe Only: 1 @ \$135/day	\$ 135.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem: @ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals: @ /day	\$ 0.00
Baggage Fee		With meals: @ \$45/day	\$ 0.00
Shuttle Fee		Partial day: @ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day: @ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day: 1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee	\$ 420.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip	\$ 420.00
Car Rental: days @ per day	\$ 0.00		

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">             Employee Signature         </div> <div style="text-align: center;">           2-28-2013            Date         </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">             Supervisor/Bureau Chief Signature         </div> <div style="text-align: center;">           Date         </div> </div>
<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">           Division Director/Hospital Administrator            (As per specific division requirements)         </div> <div style="text-align: center;">           Date         </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">             Cabinet Secretary Signature            (To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)         </div> <div style="text-align: center;">           Date         </div> </div>